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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number 101526,460
	Filing Date 03/03/2005
	First Named Inventor SEAMUS GREALLY
	Art Unit 2859
	Examiner Name GUADALUPE, YARITZA
	Attorney Docket Number 26636 U

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
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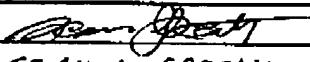
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	SEAMUS GREALLY		
Date	08 DEC- 2005	Telephone	00 353 83 3321279

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

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